

Joe Lombardo
Governor



Richard Whitley,
MS
Director

DEPARTMENT OF
HEALTH AND HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

MATERNAL AND CHILD HEALTH ADVISORY BOARD

DATE: December 6, 2024, TIME: 9:00 AM

The meeting will be held via teleconference only. Members of the public who wish to attend and participate remotely are strongly encouraged to do so by utilizing the following meeting link or call-in number:

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Phone conference ID: 241 051 250#

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Thank you for planning to attend this Teams meeting.

Members of the public wishing to provide public comment during the public comment periods set forth in the following agenda must raise their hand to signal that public comment would like to be made. If using the Microsoft Teams application, an individual may raise their hand by clicking the "Raise Your Hand" button (signified by a hand graphic) on the bottom tool bar of the application. (If utilizing the Teams application on a mobile phone, the "Raise Your Hand" function may be found by clicking the "..." button and selecting "Raise Hand.")

*Members of the public utilizing the call-in (audio only) number may raise their hand by pressing *5.*

Note: Agenda items may be taken out of order, combined for consideration, and/or removed from the agenda at the Chairperson's discretion

1. Call to order/roll call – Keith Brill, MD - Chair

Members: Marsha Matsunaga Kirgan, MD; Melinda Hoskins, MS; Keith Brill, MD; Fatima Taylor, M.Ed., CPM; Roshanda Clemons, MD FAAP; Mario Gaspar de Alba, MD; Elika Nematian, MPH

Non-voting Legislative Members: Senator Rochelle Nguyen and Assemblywoman Tracy Brown-May

Member Reappointment Packet Pending: Lora Redmon, BSN, RN, RNC-OB, C-FMC

2. PUBLIC COMMENT: No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. The Chair of the Maternal and Child Health Advisory Board (MCHAB) will place a five (5) minute time limit on the time individuals addressing the MCHAB. To provide public comment telephonically, dial 1-775-321-6111. When prompted to provide the meeting ID, enter 241 051 250. Members of the public utilizing the call-in (audio only) number may raise their hand by pressing *5. Persons making comments will be asked to begin by stating their name for the record and to spell their last name.

3. FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal and Child Health Advisory Board (MCHAB) meeting on August 4, 2024. Keith Brill, MD - Chair

PUBLIC COMMENT

4. FOR POSSIBLE ACTION: Updates and possible recommendations regarding Nevada's Craniofacial Clinic– Dr. John Menezes, University of Nevada, Las Vegas

PUBLIC COMMENT

5. INFORMATIONAL: Nevada Early Hearing Detection and Intervention Program Overview – Perry Smith, HSD, EHDI Program Coordinator

PUBLIC COMMENT

6. FOR POSSIBLE ACTION: Updates and possible recommendations regarding the Alliance for Innovation on Maternal Health and the Maternal Mortality Review Committee– Tami Conn, MPH, Deputy Bureau Chief, CFCW, DPBH

PUBLIC COMMENT

7. INFORMATIONAL: Presentation on Maternal and Child Health (MCH) Reports and MCH Updates, Title V Block Grant Site Visit Review – Tami Conn, MPH, Deputy Bureau Chief, CFCW, DPBH

PUBLIC COMMENT

8. FOR POSSIBLE ACTION: Make recommendations for future agenda items – Keith Brill, MD - Chair

PUBLIC COMMENT

9. PUBLIC COMMENT: No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. The Chair of the MCHAB will place a five (5) minute time limit on the time individuals addressing the MCHAB.

10. Adjournment

Approved Future Dates:

February 7, 2025, at 9am

May 2, 2025, at 9am

August 1, 2025, at 9am
November 7, 2025, at 9am

NOTICES OF PUBLIC MEETING HAVE BEEN POSTED AT THE FOLLOWING LOCATIONS: The Nevada Division of Public and Behavioral Health website at https://dpbh.nv.gov/Boards/MCAB/Meetings/2024/2024_Maternal_and_Child_Health_Advisory_Board_Meetings/

The Department of Administration's website at <https://notice.nv.gov/>. The Division of Public and Behavioral Health - 4150 Technology Way, Carson City, NV, 89706

We are pleased to make reasonable accommodations for members of the public who are living with a disability and wish to attend the teleconferenced meeting. If special arrangements are necessary, please notify Tami Conn in writing by email (tconn@health.nv.gov), by mail (Maternal and Child Health Advisory Board, Nevada Division of Public and Behavioral Health, 4150 Technology Way, Suite 210, Carson City, NV 89706) or by calling (775) 684-4023 before the meeting date. Anyone who would like to be on the MCHAB mailing list must submit a written request every six months to the Nevada Division of Public and Behavioral Health at the address listed above. To join the MCHAB listserv, please follow the directions below to subscribe/unsubscribe to all emails.

- [Click here to send an email for the MCHAB listserv.](#)
 - Include only "subscribe MCHAB" in the body of the email; or
 - Include only "unsubscribe MCHAB" in the body of the email.
 - Do not include any text in the subject line.

If you need supporting documents for this meeting, please notify Barbara Bessol Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 684-4235 or by email at bbessol@health.nv.gov. Supporting materials are available for the public on the Nevada Division of Public and Behavioral Health Website at https://dpbh.nv.gov/Boards/MCAB/Maternal_and_Child_Health_Advisory_Board_home/ and on the Department of Administration's website at <https://notice.nv.gov/>.

This body will provide at least two public comment periods in compliance with the minimum requirements of the Open Meeting Law prior to adjournment. Additionally, it is the goal of the MCHAB to also afford the public with an item-specific public comment period. No action may be taken on a matter raised under public comment unless the item has been specifically included on the agenda as an item upon which action may be taken. The Chair retains discretion to only provide for the Open Meeting Law's minimum public comment and not call for additional item-specific public comment when it is deemed necessary by the chair to the orderly conduct of the meeting. Written comments in excess of one (1) typed page on any agenda items which requires a vote are respectfully requested to be submitted to the MCHAB at the below address thirty (30) calendar days prior to the meeting to ensure that adequate consideration is given to the material.

MCHAB, DPBH, Attn: Tami Conn
4150 Technology Way, Suite 210
Carson City, Nevada, 89703

Attachment for Agenda Item #3

MATERNAL AND CHILD HEALTH ADVISORY BOARD

DATE: August 2, 2024, TIME: 9:00 AM

The meeting will be held via teleconference only. Members of the public who wish to attend and participate remotely are strongly encouraged to do so by utilizing the following meeting link or call- in number:

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Passcode: FT5ENw

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Phone conference ID: 176 695 397#

BOARD MEMBERS PRESENT

Keith Brill, MD
Fatima Taylor, M.Ed., CPM
Rashanda Clemons, MD, FAAP
Mario Gaspar de Alba, MD
Elika Nematian, MPH

NON-VOTING BOARD MEMBERS PRESENT

Senator Rochelle Nguyen
Assemblywoman Tracy May-Brown

BOARD MEMBERS NOT PRESENT

Melinda Hoskins, MS
Marsha Matsunaga-Kirgan, MD
Lora Redmond, BSN, RNC-OB, C-FMC

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Vickie Ives, MA, Bureau Chief, Child, Family, and Community Wellness (CFCW)

Tami Conn, MPH, Deputy Bureau Chief, CFCW
Tasha Cadwallader, MBA, Title V MCH Manager, Maternal, Child, and Adolescent Health, CFCW
Cassius Adams, MS, Health Program Specialist I, MCAH, CFCW
Jazmin Stafford, HPSI Contractor, MCAH, CFCW
Helina Ashagrie, HPSI, MCAH, CFCW
Andrea Valenzuela, MSW, Section Manager, MCAH, CFCW
Chayna Corpus, MPH, HPSI, MCAH, CFCW
Tom Fletcher, Management Analyst II, MCAH, CFCW
Colleen Barrett, HPSI, MCAH, CFCW
Meagan Maxwell, Administrative Assistant II, MCAH, CFCW
Sarah Rogers, Nutrition Unit Deputy Chief, DPBH
Shannon Frazer, Health Resource Analyst I, MCAH, CFCW
Lily Stidham, Administrative Assistant I, MCAH, CFCW
Desiree Wenzel, Bureau Office Manager, MCAH, CFCW

OTHERS PRESENT

Linda Anderson, Nevada Public Health Foundation
Jeanna Freeman, Carson City Health and Human Services
Denise Tanata, The Children's Cabinet
Lisa Bevacqua, Molina Healthcare
Kristin Wall, Molina Healthcare
Maricruz Schaefer, Northern Nevada Public Health
Allison Genco, Dignity Health
Sabrina Schnur, Belz & Case Government Affairs
Heike Ruedenauer-Plummer, ADSD Policy Unit

1. Call to order/roll call – Keith Brill, MD – Chair

Chair Dr. Keith Brill took attendance of board members.

Quorum was established and Chair Dr. Brill called the meeting to order at 9:05am

No public comment.

- 2. PUBLIC COMMENT: No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. The Chair of the Maternal and Child Health Advisory Board (MCHAB) will place**

a five (5) minute time limit on the time individuals addressing the MCHAB. To provide public comment telephonically, dial 1-775-321-6111. When prompted to provide the meeting ID, enter 270 181 149 92. Members of the public utilizing the call-in (audio only) number may raise their hand by pressing *5. Persons making comments will be asked to begin by stating their name for the record and to spell their last name.

No public comment.

3. For Possible Action: Approval of draft meeting minutes from the Maternal and Child Health Advisory Board (MCHAB) meeting on May 3, 2024. – Keith Brill, MD – Chair.

Chair Dr. Brill called for a motion to approve the minutes. Chair Dr. Brill motioned to approve the minutes as written for the MCAHB Meeting that occurred on May 3rd, 2024. Fatima Taylor seconded the motion which was passed unanimously.

No public comment.

4. Informational: Legislative 101 Presentation, Senator Rochelle Nguyen and Assemblywoman Tracy Brown-May

Senator Rochelle Nguyen and Assemblywoman Tracy Brown-May gave a presentation on the Legislative Process in Nevada. The presentation highlighted key components of the legislative process in Nevada and explained how the session works. The presentation covered the legislative structure, process, resources for bill tracking, interim work, contacting elected officials, constituent services unit, and advocacy verses lobbying. The intention of this presentation was to education the MCHAB Members on how they can best provide support on bill draft requests and feedback provided to the DPBH Administrator.

Assemblywoman Tracy Brown-May opened the floor to questions

Chair Dr. Brill inquired as to what a state committee like MCHAB, can do when they have an idea for a bill.

Assemblywoman Brown-May said this committee has a structure that reports up through DPBH administration so there is consensus on the idea first. She noted she and Senator Rochelle Nguyen are also available to talk through the idea too.

Senator Nguyen also noted hearing the ideas firsthand can help to see if their idea fits anywhere in the existing bill draft requests (BDRs). Senator Nguyen also stated talking with DPBH administration is good to know if they are already working on something or want to put something forward for a BDR.

Dr. Clemons thanked the presenters for the presentation and requested clarification on the difference between advocacy and lobbying.

Assemblywoman Brown-May stated there is federal legislation that identifies when you are advocating and lobbying. It would be important to consider. If you are offering education to a lawmaker that is not your representative that is considered not to be lobbying. When you are talking with your representative and asking them to take a position on a bill that is considered lobbying. If you are offering your representative education on a topic that is considered advocacy. Most of the time, you are educating. There are paid lobbyists groups that do the lobbying. If you come to a legislative building to lobby, you will be required to register as a lobbyist, so you are properly identified in the building to comply with Nevada law on lobbying.

Chair Dr. Bill asked for public comment.

No public comment.

5. For Possible Action: Approval of Future Meeting Dates – Keith Brill, MD – Chair

Presented the following meeting dates for approval:

February 7, 2025, at 9am
May 2, 2025, at 9am
August 1, 2025, at 9am
November 7, 2025, at 9am

Chair Dr. Brill motioned to approve the above dates. Elika Nematian chose to second the motion, which passed unanimously.

Chair Dr. Brill asked for public comment.

No public comment.

6. Informational: Nevada Craniofacial Clinic Overview – Dr. John Menezes, University of Nevada, Las Vegas (UNLV)

Presentation was given by Dr. John Menezes, an academic surgeon in the Department of Plastic Surgery at the School of Medicine at UNLV. Dr. Menezes' presentation emphasized the importance of the craniofacial team he led from 2002-2020, which closed in 2020 and why it is important to restart the team. Dr. Menezes noted the clinic provides families with an interdisciplinary team of medical professionals to treat a child's complex medical problems generally associated with cleft lip/palate, and other craniofacial impacts. Cleft occurs around 1 in 1,000 persons with varied rates by race and ethnicity. Dr. Menezes noted as Nevada's general population increases, so will these impacts. Dr. Menezes continues to talk about the different types of impacts and health problems and interventions associated with each. Nevada is one of the two states along with Alaska that does not have a craniofacial team. He stated the reason the prior clinic closed was due to state defunding. His solution is state support, funding, medical professionals, positions provided by Nevada Early Intervention Services, and insurance coverage for the procedures. He estimated the basic budget requirement to reinstate the craniofacial team, excluding facilities fees, would be around \$4,579,000 for a 10-year period some of which was requested in the UNLV budget but noted there is not a guarantee of funding. To close his presentation, Dr. Menezes requested the support of MCHAB to help ensure the re-establish the cleft-craniofacial team.

Chair Dr. Brill asked how the MCABH can support the re-establishment of a craniofacial team in Nevada.

Ms. Tami Conn informed that since this item is information only, no action can be taken.

Chair Dr. Brill asked if the Board wants this as an action item can this be put on the next MCHAB agenda as such.

Ms. Vickie Ives advised that this item can be re-agendized as an item for discussion and possible action for the next meeting. She explained that at that time an action could be taken. She noted the option to make a recommendation to the DPBH Administrator.

Chair Dr. Brill stated that he would like this placed on the next agenda as an action item.

Senator Nguyen inquired if the suggested budget had been requested of Nevada System of Higher Education (NSHE) or if the budget was going to be incorporated in NSHE's overall budget or did UNLV make this request.

Dr. Menezes responded and stated that the medical school wanted to roll this into their overall budget. He does not know what the timeline on the budget is.

Senator Nguyen asked if legislative approval was needed to re-establish this team, or if funding was the only thing needed at this time.

Dr. Menezes confirmed and said the second part of his ask is sponsorship for an “ELSA type” bill.

Dr. Clemons thanked Dr. Menezes for his comprehensive overview. She noted her involvement with the craniofacial team from 2005-2011 and emphasized the importance of reinstating the craniofacial team. Dr. Clemons attests that as a board-certified pediatrician, she can collectively see the difference in those individuals who received coordinated specialized care and those who did not. Individuals who receive less coordinated care have more detrimental outcomes. Dr. Clemons inquired as to if there are other alternatives for funding other than NEIS that are necessary to get the craniofacial team re-established.

Dr. Menezes stated after talking with NEIS, the funding did not sound like it would be available. He stated that in his experience in California, a tertiary hospital would have the team and provide funding for such a team.

Dr. Clemons asked if they were unable to get funding, would there be barriers to getting the entire team back together.

Dr. Menezes stated the only barrier is the lack of specialists at the dental and medical schools. He does have several providers that has already agreed to provide 1-2 days a week in the clinic.

Dr. Clemons thanked Dr. Menezes and said his presentation was very helpful. Dr. Clemons then asked if this item could be moved to the next meeting as an actionable item.

Ms. Fatima Taylor thanked Dr. Menezes for the training. Ms. Taylor explained she believed that NEIS had to stop funding in part due to the funding from MCAH could no longer be applied to direct services, so NEIS was unable to continue their participation and explained that this has been a challenge along with some critical workforce shortages.

Chair Dr. Brill thanked Dr. Menezes for his presentation and asked for public comment.

No public comment.

7. Informational: First Five Nevada Overview – Denise Tanata, J.D. Early Childhood Comprehensive Systems Advisor

Presentation was given by Denise Tanata, the Early Childhood Comprehensive Systems Advisor with the Children’s Cabinet who described First Five Nevada as a holistic approach to the early childhood system. The resource provides access to programs and services for families and calculates what assistance for which they qualify. She reviewed the website, eligibility portal, key performance indicators, program inclusion process, collaboration opportunities, and advisory support. Ms. Tanata gave a demonstration of how to use the First 5 Nevada website and explained the purpose of the eligibility portal. Ms. Tanata recommended this Board could collaborate as Frist 5 does not have a medical professional on the team and she can provide any data reports of interest to the board.

Chair Dr. Brill asked for comments from Board members.

No comments.

Chair Dr. Brill asked for public comment.

No public comment.

8. Informational: Health Resources and Services Administration, Early Childhood Comprehensive Systems Prenatal – 3 Strategic Plan – Tiffany Olivas, Early Childhood Comprehensive Systems Manager 2, The Children’s Cabinet

Presented by Ms. Tiffany Olivas, Early Childhood Comprehensive Systems Manager for the Children's Cabinet. Ms. Olivas defined an early childhood system as a collection of all the programs, services, and other support for both children and their families. The presentation emphasized the goal to make access to resources equitable. Ms. Olivas talked about the idea of a statewide unified vision for total comprehensive and coordinated early childhood systems. Lastly, the presentation outlined next steps including: workplan development, coordination with aligned initiatives, and implementation.

Chair Dr. Brill thanked Ms. Olivas for her comprehensive presentation and asked for comments from Board members.

No comments.

Chair Dr. Brill asked for public comment.

No public comment.

9. For Possible Action: Updates and possible recommendations regarding the Alliance for Innovation on Maternal Health (AIM) and the Maternal Mortality Review Committee (MMRC) – Tami Conn, MPH, Deputy Bureau Chief, CFCW, DPBH

Ms. Conn advised that AIM is continuing the obstetric hemorrhage bundle in birthing facilities. Additionally, the program is working to get updated data from all the facilities. Ms. Conn stated the MMRC support staff is preparing the legislative report due in December, which is due every other year. Ms. Conn advised that the report from 2022 is posted on the website and she can provide the link if needed. MMRC will be presenting to the Nevada Office of Minority Health and Equity (NOMHE) Advisory Committee in the coming months, recommendations will be taken and submitted during that meeting.

Ms. Conn asked for questions from Board members.

Dr. Clemons thanked Ms. Conn for the update and inquired if AIM would pursue additional bundles such as hypertension.

Ms. Conn responded that the hypertension bundle was the first one that was implemented. Ms. Conn explained that ACOG's recommendation is to do one bundle a year. The hemorrhage bundle is the current one and there will be a new bundle come 2025. Ms. Conn explained that with AIM, most facilities will continue data collection on previously implemented bundles (i.e., hypertension).

Ms. Ives noted that the leadership team at AIM did decide that substance use disorder was chosen for 2025.

Chair Dr. Brill asked if the bundle for substance use disorder was already created.

Ms. Ives stated the bundles are created through ACOG and are standardized nationally through the AIM effort. Ms. Ives stated new bundles include perinatal mood disorders

and low risk c-sections. Ms. Ives explained hypertension and obstetric hemorrhage are the ones states generally begin with due to how quickly you see impact relating to implementation. Ms. Ives thanked the 10 of 17 birthing hospitals that participate.

Assemblywoman Brown-May questioned how data was being collected and in turn being published regarding the tracking of Medicaid for 12 months access to postpartum care.

Ms. Conn thanked Assembly woman Brown- May for the question. Ms. Conn explained the data is collected by the Office of Analytics and she is happy to get a report to Assemblywoman Brown-May on a later date after the meeting.

Chair Dr. Brill asked if there were still openings on the MMRC board.

Ms. Conn responded in the affirmative that one opening was available on the MMRC. Ms. Conn explained that applicants were received, and appointment to the Board would be forthcoming.

Dr. Clemons questioned if the top causes of maternal mortality in the state were being used to determine which AIM bundles would be implemented next.

Ms. Conn asked for clarification on the question if Dr. Clemons meant which bundles were selected, or for the design of new bundles.

Dr. Clemons stated she was asking specifically about bundle selection, not design.

Ms. Conn explained the first two bundles (hypertension and hemorrhage) were recommended by ACOG for new AIM states, it was also decided upon by the first application and with the first team of doctors who were involved.

Ms. Ives thanked Ms. Conn for the information. She then stated that the AIM leadership team that selected the bundles happened prior to an MMRC being created in our state. The MMRC data and the bundles have only been established and available for a short period of time.

Dr. Clemons thanked everyone for their responses and stated it was helpful.

Chair Dr. Brill asked for public comment.

No Public Comment

10. Informational: Presentation on Maternal and Child Health (MCH) Reports and MCH Updates – Tasha Cadwallader, MBA, Title V Maternal Child Health Program Manager

Ms. Tasha Cadwallader noted the block grant application was submitted on July 15th. Ms. Cadwallader mentioned anticipated attendance to the Las Vegas Maternal Child Health (MCH) Symposium in September. Ms. Cadwallader shared staff have attended multiple community outreach events over the past few months. She then reminded the Board that a Request for Information (RFI) was posted, requesting to fill the one current Board vacancy.

Chair Dr. Brill asked for questions from Board members.

No questions.

Chair Dr. Brill asked for public comment.

No Public Comment.

11. For possible action: Make recommendations for future agenda items – Keith Brill, MD – Chair

Chair Dr. Brill asked for questions from Board members.

No questions.

Chair Dr. Brill asked for public comment.

No Public Comment.

12. Public Comment: No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. The Chair of the MCHAB will place a five (5) minute time limit on the time individuals addressing the MCHAB.

No public comment.

13. Meeting adjourned at 11:14 AM

Approved Future Dates:

November 1, 2024, at 9am

February 7, 2025, at 9am

May 2, 2025, at 9am

August 1, 2025, at 9am

November 7, 2025, at 9am

** All meetings are remote unless action upon those dates is presented in a following meeting.

DRAFT

Attachment for Agenda Item #5

INTRODUCTION

Per Nevada Revised Statutes 442.550, the Nevada Early Hearing Detection and Intervention (EHDI) Program shall annually prepare and submit to the Governor a written report relating to hearing tests for newborn children. This document fulfills all required elements spelled out in statute.

The Nevada Early Hearing Detection and Intervention (NV EHDI) Program is located within the Bureau of Child, Family, and Community Wellness, Nevada Division of Public and Behavioral Health in the Nevada Department of Health and Human Services. The purpose of the NV EHDI Program is to ensure all children born in Nevada are screened for hearing loss at birth and those identified with hearing loss receive timely and appropriate audiological, educational, and medical intervention. NV EHDI follows national guidelines, and best practice infant screening procedural flow may be summarized as follows:

Following a “did-not-pass” hearing screen prior to hospital discharge, an infant should receive a second outpatient hearing screen to confirm the initial results. If the second screen is also “did-not-pass,” the infant should be referred to a pediatric audiologist for a diagnostic test to confirm or rule out a hearing deficit. If a hearing deficit is ruled out, no further testing is needed. If the infant is diagnosed as being deaf or hard of hearing (D/HH), the infant is referred to early intervention services. Nevada EHDI tracks these infants throughout the process to confirm they received timely and appropriate services.

Nevada EHDI promotes the national EHDI goals and timelines developed by the Joint Committee on Infant Hearing (JCIH)¹ and the Centers for Disease Control and Prevention (CDC):

1. All newborns will be screened for hearing loss before 1 month of age, preferably before hospital discharge.
2. All infants who screen positive will have a diagnostic audiologic evaluation before 3 months of age.
3. All infants identified with hearing loss will receive appropriate early intervention services before 6 months of age (medical, audiologic, and early intervention).
4. All infants and children with late onset, progressive or acquired hearing loss will be identified at the earliest possible time.
5. All infants with hearing loss will have a medical home as defined by the American Academy of Pediatrics.
6. Every state will have a complete EHDI tracking and surveillance system that will minimize loss to follow-up.
7. Every state will have a comprehensive system that monitors and evaluates the progress towards the EHDI goals and objectives.

Program Funding

Nevada EHDI is solely funded via two federal grants: one from the CDC and the other from the Health Resources and Services Administration (HRSA). The purpose and

scope of these federal grants is defined by the grantor, and the State complies with the grants' stated purpose, goals, and accountabilities. The purpose of the HRSA grant is to develop statewide comprehensive and coordinated programs and systems of care targeted toward ensuring newborns and infants receive appropriate and timely services including screening, evaluation, diagnosis, and early intervention. The CDC cooperative agreement is to assist EHDI programs in developing and maintaining a centralized newborn hearing screening tracking and surveillance system capable of accurately identifying, matching, collecting, and reporting data on all births through the three components of the EHDI process (hearing screening, diagnosis, and early intervention).

Partners and Stakeholders

Meeting the goals and purposes of federal funding requires a coordinated effort of multiple partners within the national, state, public, and private sectors. The following entities assist in this endeavor:

- The National Center for Hearing Assessment and Management (NCHAM) serves as the technical resource center for the implementation and improvement of comprehensive and effective early hearing detection and intervention with all state and territory EHDI programs. NCHAM works closely with both federal funders and each state to provide ongoing training, research, and resources².
- The American Academy of Pediatrics (AAP) also works with both federal funders to provide assistance to physicians, hospitals, state EHDI programs, and parents to meet national EHDI goals. The AAP promotes the medical home concept and has established physician practice guidelines for infant hearing screening and follow-up. Each state AAP chapter designates an EHDI chapter champion to work with state EHDI programs³.
- Nevada audiologists assist Nevada EHDI by providing screenings and diagnostic testing to all infants suspected of hearing loss and reporting those findings to the state.
- All birthing centers and hospitals in Nevada provide hearing screenings to infants prior to discharge and report this data to the state.
- Nevada midwives are currently participating in a pilot project to place hearing screening equipment in midwife practices. Participating midwives report screening data to the state.
- University of Nevada, Reno – Center for Program Evaluation assists with evaluation and quality improvement development and implementation.
- Nevada EHDI works closely with Nevada Hands & Voices (H&V), a statewide non-profit, to assist with reducing the number of infants lost to documentation (LTD) and/or lost to follow-up (LTF). Nevada H&V also provides parent mentors who assist families who have a newly diagnosed infant with a confirmed hearing deficit⁴.

Nevada EHDI is a program within the Nevada Division of Public and Behavioral Health and works closely and collaboratively with a variety of public programs and agencies providing support services to a similar population of infants, children, and families. These programs include, but are not limited to:

- Maternal and Child Health Title V Block Grant Program, including the Children and Youth with Special Health Care Needs Program
- Nevada Home Visiting Program
- Nevada Individuals with Disabilities Education Act (IDEA) Part C Office
- Nevada Early Intervention Services
- Nevada Office of Vital Records
- Nevada Office of Public Health Investigations and Epidemiology
- Nevada Department of Education
- Nevada Head Start Collaboration and Early Childhood Systems Office
- Nevada Office of Analytics

STATISTICAL OVERVIEW

Prevalence of Hearing Loss

Hearing loss is one of the most common birth defects, affecting approximately 1.4 out of every thousand infants⁵. The number is estimated to increase to 9-10 per thousand in the school-age population⁶.

For 2022, Nevada observed a rate of 1.6 infants per thousand with documented confirmed hearing loss. With a total of 32,928 births in 2022, 31,724 (96.3%) were documented as receiving a hearing screening. Of those infants without documentation of a hearing screen, 44 died, parents or family members declined services for another 48, and 371 were planned homebirths. The 33 infants in the “Other” category were either unable to be screened due to medical reasons, or they were transferred to another hospital with no record of a screening. Unknown/Loss to follow-up/Loss to Documentation (LTF/LTD) is composed of families who were contacted but were unresponsive and those whose contact information was inaccurate, disconnected, or missing.

Of all infants screened, 502 (1.6%) did not pass the screening. Further audiologic testing identified 127 of the 502 as typical hearing, 53 as deaf and hard of hearing. Of those with no documented diagnosis, 1 of the infants died; parents or family members declined services for 1 infant; 11 infants were in the process of receiving diagnostic testing, but it had not been completed. The Unknown/Loss to follow-up/Loss to Documentation category is composed of families who were contacted but were unresponsive and those whose contact information was inaccurate, disconnected, or missing.

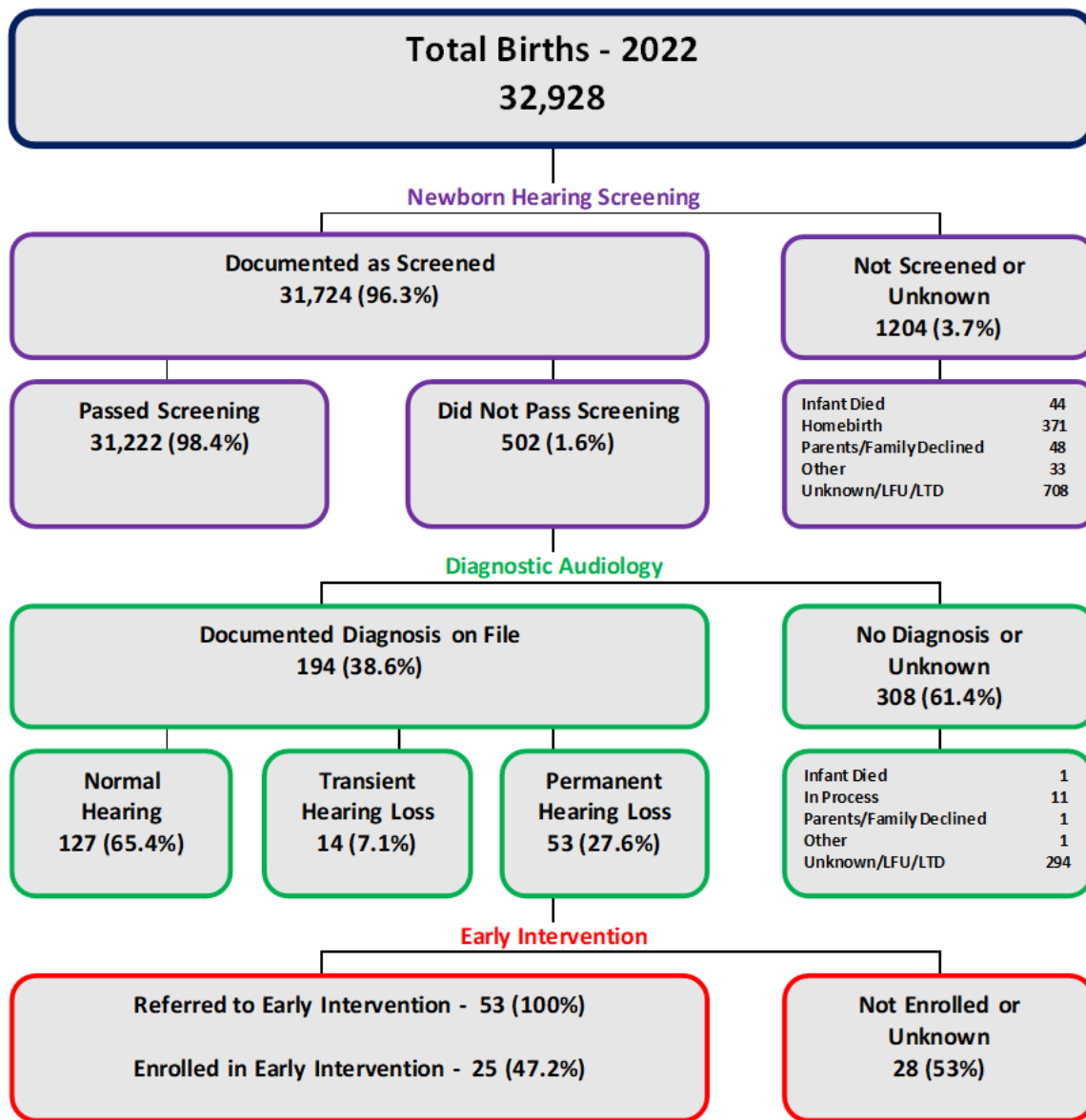


Figure 1 - Ehdi Statistical Flowchart: Data from DPBH Office of Vital Records and Ehdi

Of the 53 infants with confirmed hearing loss, 53 (100%) were referred to Early Intervention Services and 25 (47.2%) are documented as being enrolled in Early Intervention (EI). In Nevada, a diagnosis of any degree of hearing loss is a qualifying diagnosis for EI. Parents may decline enrollment due to the hearing loss being mild, loss is in only one ear, or travel time commitments to attend EI sessions. Additionally, parents decline through being unresponsive to follow-up from EI services.

NEWBORN HEARING SCREENING FOLLOW-UP GUIDELINES



NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Detecting hearing loss is critical to child development. Hearing loss is one of the most common birth defects. If left undetected it can negatively impact language acquisition, speech, academics, and social and emotional development. Following these guidelines from the state Early Hearing Detection and Intervention (EHDI) program ensures every infant receives the best care.



BY 1 MONTH

Hearing screenings should be performed prior to leaving the birthing facility. If the baby does not pass the hearing screen in one or both ears, a rescreen at 1-3 weeks of age is strongly encouraged:

- Always rescreen both ears
- If initially screened with AABR, rescreen with AABR if possible
- If initially screened with OAE, rescreen with OAE or AABR
- The screening facility and all rescreen providers should report results to the state EHDI Program



BY 3 MONTHS

If the rescreen is not passed, a diagnostic hearing evaluation with a pediatric audiologist is needed, who is able to perform the following:

- Click Auditory Brainstem Response (ABR)
- Frequency Specific Tone Burst ABR
- Bone Conduction ABR, if needed
- High Frequency Tympanometry
- Otoacoustic Emissions (OAE), optional
- The audiologist should report results to the state EHDI Program



BY 6 MONTHS

If child is identified as being deaf or hard of hearing, the following steps should be taken:

- Enrollment in an Early Intervention (EI) program
- A medical examination by an Ear, Nose, and Throat (ENT) physician
- Hearing aid consultation with a pediatric audiologist
- The Early Intervention provider should report results to the state EHDI Program or document in their data management system

Pediatric Audiology Facilities in Nevada

The following facilities are the only ones in Nevada with current profiles that meet the national guidelines built into the EHDI-PALS directory and have the necessary equipment to provide a complete diagnostic hearing evaluation on infants younger than 6 months of age. Visit EHDIPALS.org to search for a pediatric audiologist, find helpful links, or to learn more about infant hearing loss.

Nevada Early Intervention Services, Northwest
2667 Enterprise Rd.
Reno, NV 89512
(775) 688-1341

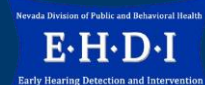
Desert Valley Audiology
501 S. Rancho Dr.
Suite A8
Las Vegas, NV 89106
(702) 605-9133

Nevada Early Intervention Services, South
1161 S. Valley View Blvd.
Las Vegas, NV 89102
(702) 486-9200

University of Nevada School of Medicine
5320 S. Rainbow Blvd. Suite 260
Las Vegas, NV 89118
(702) 992-6828

Nevada Early Hearing Detection and Intervention (EHDI)

4150 Technology Way Suite 210
Carson City, NV 89706 (775) 684-4285



Email: NVEHDI@health.nv.gov
Website: dpbh.nv.gov/Programs/EHDI/EHDI-Home/

Attachment for Agenda Item #7

Nevada Title V Maternal and Child Health (MCH) Site Visit Review

Tami Conn, MPH, Deputy Bureau Chief
Bureau of Child, Family, and Community Wellness

December 6, 2024



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ALL IN GOOD HEALTH.



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.



ALL IN GOOD HEALTH.

AGENDA

1. Organization
2. NPMs and Priority Areas: Needs Assessment
3. Title V MCH Program Highlights
4. Contact Information

Department of Health and Human
Services

Division of Public and Behavioral
Health (DPBH)

Bureau of Child, Family and
Community Wellness (BCFCW)

Maternal, Child, and Adolescent
Health Section (MCAH)

Maternal, Child and Adolescent Health Section

Title V Maternal Child Health (MCH) Program

Pregnancy Risk Assessment Monitoring System (PRAMS)

Teen Pregnancy Prevention

- Personal Responsibility Education Program (PREP)
- Sexual Risk Avoidance Education (SRAE)

Early Hearing Detection and Intervention (EHDI)

Nevada Maternal Infant and Early Childhood Home Visiting (MIECHV) Program

Rape Prevention and Education (RPE) Program

Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM)

Account for Family Planning (AFP)

Alliance for Innovation on Maternal Health (AIM)

Title V MCH Program

Maternal and
Infant Program
(MIP)

Children and Youth
with Special Health
Care Needs
(CYSHCN)

Adolescent Health
and Wellness
Program (AHWP)

Rape Prevention
and Education
(RPE) Program

MCH Epidemiology

Fiscal Staff

State Systems
Development
Initiative (SSDI)

A photograph of a family walking outdoors, overlaid with a blue tint. In the foreground, a young girl with curly hair is smiling and riding a white scooter. She is wearing a white polo shirt and dark pants. Behind her, a man and a woman are walking and talking. The man is on the left, wearing a dark polo shirt and pants. The woman is in the middle, wearing a striped shirt and light-colored pants. A baby stroller is visible behind the woman. The background shows trees and a house. The text 'Title V MCH Program Highlights' is overlaid in white, with 'Highlights' underlined in yellow.

Title V MCH Program Highlights



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Priority Areas Based on Needs Assessment

Improve preconception and interconception health among women of childbearing age – NPM 1

Breastfeeding promotion - NPM 4

Promote Safe Sleep - NPM 5

Increase developmental screening - NPM 6

Priority Areas Based on Needs Assessment

Improve care coordination - NPM 10

Promote a Medical Home - NPM 11

Increase transition of care for adolescents and
Children and Youth with Special Health Care Needs
(CYSHCN) - NPM 12

Reduce substance use during pregnancy –
NPM 14

Maternal and Infant Program



Through NevadaBreastfeeds.org, 89 businesses signed the pledge to provide welcoming environments for breastfeeding.

Cribs for Kids distributed 968 Safe Sleep Survival Kits and provided associated education.



Northern Nevada Public Health (NNPH) Fetal Infant Mortality Review (FIMR) reviewed 47 cases.

The Statewide MCH Coalition, funded by Title V MCH, distributed 558 “New Mama Care Kits” in Southern Nevada and distributed resources for Title V priorities.

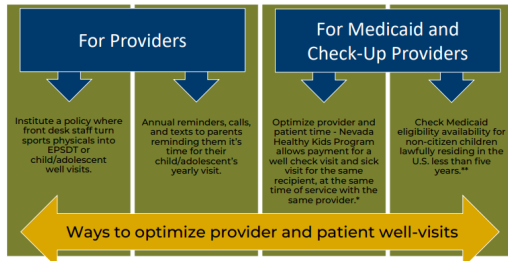


Adolescent Health and Wellness Program



Yoga Haven reached 154 adolescents through their Trauma- Informed Yoga for Youth work.

Enhance Your Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and Well Visits



Title V MCH, in collaboration with the Nevada DHHS, Office of Analytics formed an infographic with the goal of increasing Medicaid reimbursed EPSDT and child well-visits. The document will encourage providers to change practices, including but not limited to, implement annual reminder systems, and engage callers during appointment making to turn sports physicals into EPSDT/well-visits.

Carson City Health and Human Services provided wellness screenings and education to 124 adolescents.



Adolescent Health and Wellness Program



Community Health Services provided wellness screenings and education to 1562 adolescents.

Nevada 211 call specialists responded to 81,562 inquiries related to Text4Baby, Pregnancy Risk Assessment Monitoring System, Cribs for Kids, Nevada Tobacco Quitline, Sober Moms, Healthy Babies, and Perinatal Mental Health Disorders.



CYSHCN Program

Family Navigation Network helped 154 families of children and youth with special healthcare needs navigate the healthcare system.



The Children's Cabinet Nevada Pyramid Model Partnership completed 283 Ages and Stages Questionnaires developmental screenings in participating school district classrooms.

The Nevada Coalition to End Domestic and Sexual Violence provided cross-training workshops for the prevention of relationship abuse in young adults with developmental disabilities and developed infographics to increase awareness of local community-based organizations offering resources.



QUESTIONS?



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**

CONTACT INFORMATION

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**NEVADA DIVISION of PUBLIC
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Maternal and Child Health Advisory Board (MCHAB) Maternal Child Health (MCH)
Program Updates
November 1, 2024

Updates are for July 1, 2024, through September 30, 2024

Maternal and Infant Health Program (MIP)

The MIP provides technical assistance, resources, and support to private and public agencies serving women, ages 18 through 44, mothers, and infants. The MIP Coordinator works closely with these agencies as well as the Title V MCH Program Manager and Maternal, Child and Adolescent Health Section Manager to improve the health outcomes of women of childbearing age, mothers, and infants.

Maternal and Infant Health Program Title V/MCH Funded Partners

Dignity Health / Maternal and Child Health (MCH) Coalition

- The Nevada Statewide MCH Coalition continues to distribute materials promoting the Go Before You Show campaign, , Perinatal Mental Health Disorders (PMHD), Nevada 211, , and the Nevada Tobacco Quitline (NTQ).
 - New Mama Care Kits were distributed to post-partum individuals by the Southern and Northern MCH Coalitions. A total of 251 kits were distributed.
 - During this Quarter, Dignity Health distributed 265 safe sleep kits
- The following meetings were held:
 - Northern MCH Coalition Meetings:
 - August 8, 2024
 - Southern MCH Coalition Meetings
 - August 13, 2024
 - September 10, 2024
 - Steering Committee Meetings:
 - August 12, 2024
- Social Media Posts
 - Facebook and Instagram followings:
 - Facebook likes decreased from 614 to 613.
 - Instagram followings increased from 1,070 to 1,098
 - Instagram posts increased from 946 to 960.

Northern Nevada Public Health (NNPH)

- Title V MCH Block Grant currently funds all NNPH Fetal Infant Mortality Review (FIMR) efforts. NNPH continues to review records for FIMR.
 - Three Case Review Team (CRT) meetings were held, with fourteen cases presented and discussed.

Other MIP Efforts

Substance Use During Pregnancy

- All subgrantees continue to promote the website.

Breastfeeding Promotion

- continues to be maintained, and the Breastfeeding Welcome Here Campaign continues to be promoted. Collaboration continues with WIC to enhance the website to include early childcare providers that are breastfeeding friendly.

Tobacco Cessation

- As appropriate subgrantees continue to promote the Nevada Tobacco Quitline.

Media Campaigns and Outreach Efforts

Safe Sleep

- A two-month TV and Radio Campaign aired 1,474 total TV spots and 5,912 radio spots aired.

Sober Moms Healthy Babies Website

- A two-month TV and Radio Campaign aired 1,433 total TV spots and 6,608 radio spots aired.

Rape Prevention and Education Program (RPE)

The Nevada RPE Program is part of a national effort launched by the Centers for Disease Control and Prevention (CDC) in response to the Violence Against Women Act of 1994. The RPE Program focuses on preventing first-time perpetration and victimization by reducing modifiable risk factors while increasing protective health and environmental factors to prevent sexual violence. CDC funds the RPE Program, along with sexual violence funds set aside from the Preventive Health and Health Services (PHHS) grant and the Title V MCH Block Grant.

RPE Funded Partners

University of Nevada, Las Vegas (UNLV) Care Center

- UNLV supports the Care Peer Program (CPP) to increase leadership opportunities for students providing campus presentations on campus sexual violence issues. The CPP is an empowerment-based 45-hour training curriculum with interactive modules focused on promoting social environments that protect against violence as well as components of healthy relationships and communication.
- Most notable progress this past quarter was the success in incorporating the Care Center's prevention education programming into UNLV's "First Year Experience" as a required web-based course that is a part of orientation for first year incoming students. Through this opportunity, all incoming students will be provided with prevention education in the summer before starting classes at UNLV, giving them a strong foundation for understanding consent and healthy relationships as well as a knowledge of campus confidential and non-confidential resources.

University of Nevada, Reno (UNR), NevadaCARES

- UNR's NevadaCARES program is an initiative to employ a public health approach to prevent sexual violence and to improve the overall health, wellbeing, and safety of the UNR campus community.
- NevadaCARES has successfully increased reach to Sorority/Fraternity Life members through various presentations.
- NevadaCARES continues to build rapport with the Boys and Girls Club of Carson City as well as SaferNights, a harm reduction program in Reno, aimed at Reno area nightlife.

Signs of Hope (formerly Rape Crisis Center of Las Vegas)

- Signs of Hope continues its efforts to increase protective environments to prevent sexual violence in educational institutions, hospitality and event venues, and the Southern Nevada community at large.
- The Prevention, Education, and Outreach (PEO) Department continues to reach attendees from the following venues in Las Vegas: TAO, Marquee, Hakkasan, and Jewel nightclub. Attendees were security staff, bussers, cocktail servers, bartenders, barbacks, hosts, promoters, management, cashiers, restroom attendants, and other cleaners. Through this training, attendees learned what sexual assault is, how to identify signs of a perpetrator, and how to intervene in the hospitality setting.

Nevada Coalition to End Domestic and Sexual Violence (NCEDSV)

- NCEDSV continues to work with the statewide to discuss and monitor the implementation of the passed economic justice bills that impact women and girls in Nevada through violence prevention strategies. During this quarter, the economic justice workgroup hosted their first in-person retreat where all members of EJ were able to connect and network through shared efforts.

Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) Program

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project between the Nevada Division of Public and Behavioral Health and the CDC. The purpose is to determine protective factors for healthy, full-term births as well as risk factors for short-term births, babies born with disabilities, and maternal health. To do this, the PRAMS questionnaire asks new mothers questions about their behaviors and experiences before, during, and after their pregnancy. The overall goal of PRAMS is to reduce infant morbidity and mortality and to promote maternal health by influencing maternal and child health programs, policies, and maternal behaviors during pregnancy and early infancy.

PRAMS Data Collection Efforts

Response Rates

- The primary goal for Nevada PRAMS is to increase response rates moving forward. Nevada PRAMS Staff organizes and meets annually with the Nevada PRAMS Steering Committee to discuss project goals, challenges, and achievements, most recently on 6/6/2024

- Between April and October, five (5) batches (Batch 79 to 83) have been conducted
 - Average response rate for this period is 37.7%
 - Highest response rate for this period is 52% (from Batch 78)
- 85 Completed batches since the beginning of the project

PRAMS Data Requests

- Data can be requested via the Office of Analytics at

Media Campaigns and Outreach Efforts

PRAMS TV and Radio Campaign

- August 2024 – September 2024
 - 585 Total TV Spots Aired
 - 3,560 Radio Spots Aired

Promotional Items

Nevada PRAMS provides promotional items with the PRAMS logo and DPBH website to a variety of organizations, hospitals, and clinics. Items were distributed to Dignity Health and during the MCH Coalition Fall Symposium.

Children's Health and Adolescent Health and Wellness Program (AHWP)

The Adolescent Health and Wellness Program (AHWP) uses the public health approach by addressing risk factors which increase the likelihood of negative health outcomes in youth. Adolescence, the transition from childhood to early adulthood, is a critical phase in human development. While adolescence may appear to be a relatively healthy period of life, health patterns, behaviors, and lifestyle choices made during this time have important long-term implications.

Adolescent Health and Wellness Program Title V/MCH Funded Partners

Carson City Health and Human Services (CCHHS)

- CCHHS provided reminder notices to families with children due for age-recommended vaccinations. Reminders were sent for 203 children ages zero to six years old (y.o.) and for 2,883 children and youth ages seven to 17 y.o.
- Nurses conducted 15 adolescent wellness screening visits. Referrals were made for 20% afflicted with mood disorders with no youth self-reporting IPV, consumption of tobacco/nicotine, nor high enough amount of alcohol or substance use from CAGE screening to necessitate a referral.
- Purchased advertisement in the form of preview movie ads at local theater to increase awareness in community.

Community Health Services (CHS)

- CHS administered age-appropriate infant and child immunizations in the clinic setting and through community immunization clinics.
- Clinic staff conducted adolescent wellness screenings. Referrals were made for any youth afflicted by depression and IPV, as well as users of substances, alcohol, and tobacco/nicotine.

- Nurses provided preventive education services with a focus on well-care screenings, contraceptives, STI screens, and immunizations.
- Nurses held three child/adolescent outreach events and served 111 young people.

Yoga Haven

- Served a total of 3,231 students in over 327 classes. Yoga classes were held at community facilities, parks, schools and community pop up events.
- Pre-assessment & post-assessment surveys have now been translated into Spanish to better serve all students.
- Latest data collected by Yoga Haven's pre/post survey showed, after participating in yoga practice with YH, 55% of students felt yoga was helpful, 98% felt respected by their teacher, 89% felt safe in their yoga class, 79% learned a new skill, 95% felt yoga had a positive impact on their mental health, and 92% felt yoga had a positive impact on their physical health.
- Yoga Haven began a children's and pregnant parents' yoga and meditation program called "Mama Mentorship" which is offered 2x a month.
- In August they hosted an outreach event w/a pop up community Yoga/Meditation class to commemorate Black Breastfeeding week, which is the largest human milk donation event in Clark Co. (possibly the State), the response from the community was better than anticipated.
- In September they participated in Vegas VegFest and were given center stage and demonstrated some mindfulness & gentle yoga with over 122 people participating.
- Many more pop-ups planned related to Maternal Child Health.

Nevada 211

- Nevada 211 received 661 calls/texts from individuals who were pregnant, had an infant in the home, or resided with someone who was pregnant or a new parent. Callers (or text messengers) were provided with information and/or referrals to Title V MCH endorsed programs: PRAMS (14.6%), Perinatal Mental Health Disorder resources (0.4%), (0.1%), and NTQ (0.2%).
- Data from all callers' needs were reported pertinent to the Title V MCH Program population such as suicide prevention (78), immunizations (2), car seat installation (6), (1), Infant sleep safety (2), and breastfeeding support (1).

Nevada Institute for Children's Research and Policy (NICRP)

- All 17 school districts received surveys for the Kindergarten Health Survey (school year 2024-2025). The count given to schools was 25,109 with some institutions having returned completed questionnaires. NICRP is working on a tracking process, so they can now call and remind the schools to send the surveys out next quarter. They also have started a data entry process.

Children and Youth with Special Health Care Needs (CYSHCN) Program

The CYSHCN Program provides resources and support to community agencies serving children from birth to age 21. The CYSHCN Program successfully moved away from a direct services approach to focus on funding various community programs bridging service gaps, linking families to appropriate resources and providers. This includes developing strategies to better serve children and families through a network of federal, state, and local community and family-based partners.

CYSHCN Program Title V/MCH Funded Partners

Nevada Center for Excellence in Disabilities (NCED) and NCED Family Navigation Network

- NCED Family Navigation Network supports families of children and youth with special health needs to navigate complex health care systems. Family Navigation Network provides free one-to-one support, training, and printed materials to families and professionals who serve them.
- 508 cases were generated by the toll-free hotline, online intake form, through email, and in-person. Many cases included or required information about more than one subject.
 - Partnering/decision making with providers: 184
 - Accessing a medical home: 123
 - Financing for needed health services: 1,172
 - Early and continuous screening: 179
 - Navigating systems/accessing community services easily: 1,428
 - Adolescent transition issues: 198
 - Other: 41
- 2 Family Navigation Network staff were trained on the .

Children's Cabinet

- The Family Engagement Coordinator with The Children's Cabinet provides technical assistance and facilitates parent involvement in social emotional Pyramid Model (TACSEI) activities. Ten (10) Technical Assistance trainings with 42 participants were conducted and 92 preschools and child care centers were contacted and given informational materials.
- Data collection and evaluation for Pyramid Model activities is ongoing, with 68 sites collecting data. Ages and Stages Questionnaire screenings were performed on 615 children.